

Effect of Educational Program on Head Nurses' Counseling Knowledge and Skills

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Abstract

Background: Creating a healthy environment among the nurses is counseling. Counseling helps the nurses to overcome their problems through discovering their strength and weakness points. **Aim of the study:** To determine the effect of educational program on head nurses' counseling knowledge and skills. **Subjects and Method: Design:** The study used a quasi-experimental design. **Setting:** Hospitals at Tanta University, including the main hospital, medical hospital, and pediatric hospital. **The study subject:** included all (49) head nurses and a stratified random sample (302) of nurses when the data was being collected. **Tools:** Three instruments were created to gather information; Head Nurses' Counseling Knowledge Structured Questionnaire, Head Nurses' Counseling Skills Observational Checklist and Perception about Counseling Structured Questionnaire for head nurses and nurses. **Results:** Preprogram, none had high level of head nurses about counseling knowledge, and majority had unsatisfactory level of counseling skills and low perception level, these results changed immediately and three months after program to be majority of them had high level of knowledge and to low percent of them had unsatisfactory level of counseling skills and none of them had low perception level. **Conclusion:** counseling educational program improved the head nurses' and nurses' knowledge; skills immediately post, and three months post the program. **Recommendation:** Attend in-service and refreshing training for head nurses to increase their knowledge and skills about counseling.

Keywords: Counseling, Educational program, Head nurses, Nurses.

Introduction

In the extremely complicated healthcare setting, head nurses now have a big responsibility to provide counseling because it is essential to many facets of human resource management, including performance, career planning and development, stress management, and other areas that may have an emotional impact on staff nurses. The use of counseling is highly widespread, both inside and outside of healthcare organizations (**Mhlongo et al., 2024**).

The role of the healthcare organization is to support the process of staff nurses' empowerment through promoting mental health education, counseling and other information services to the workforce. It makes sense to have a healthy and high-performing workforce. Counseling is a way head nurses used to support nurses as they cope with organizational changes and improve their mental health (**Carroll, 2012**).

During counseling, head nurses discuss emotional problems with nurses to help them improve performance and adjustment. Head nurses help nurses develop solutions to technical, personal, or emotional issues interfering with their work. Counseling is a confidential relationship where the head nurses support the nurses without judgment. When done effectively, counseling can enhance performance by addressing the root causes of poor performance. It requires counselors to

build trust, identify specific problems, and provide regular feedback to recognize improvements (**British Association for Counseling, Psychotherapy & Steers McGillan Eves 2021; Fudalan, 2021**).

Counseling is intended to help organizations achieve their objectives, foster positive work attitudes, lower workplace accidents, and improve employee performance. To meet this purpose, set up suitable workplace programs that are acceptable to all nurses, formulate policies that enhance nurses' performance and train head nurses in counseling skills that enable them identify nurses who need help (**Tuvulla & Byaruhanga, 2017**).

The head nurses as counselors serve the roles of teacher, counselor and consultant, through improving counseling skills. The abilities necessary to undertake counseling are known as basic skills, and they become a counselor's primary competency. The specific counseling skills evaluated during counseling supervision include, communication, interpersonal, motivation, and analytical skills (**Shreshtha, 2013; Kabir, 2017; Yaumas, et al., 2018**).

Communication skills, for effective counseling, head nurses must be a good communicator through presence, listening, questions that are both open-ended and closed-ended, nursing observation skills, supporting, summarizing, paraphrasing, reflecting emotions, confronting, reflecting

meaning, and interpreting. Interpersonal skills are necessary for working and communicating with persons and groups in an efficient manner. Achieving success in both personal and professional life requires these abilities. To establish connection with nurses, they require effective communicators both verbally and nonverbally (**Ansari, 2021**).

Motivation skills used by head nurses in setting the goals and enhancing the nurses to reach the needed change which focus on influencing productivity (**Roberson & Sluss, 2011; Din, Khan, & Khan 2021**). The capacity to identify the situation's primary components, understand their relationships, and determine which ones require the greatest attention is known as analytical skills. Head nurses help the nurses to use their strength through analysis of strengths and weakness points to cope more effectively by making appropriate decisions or taking an appropriate action (**Chepkilot, 2018**). To assist nurses in resolving their issues, head nurses need to possess certain abilities. Additionally, head nurses must be able to assist their nurses in reaching their full potential and making life adjustments. (**Yaumas, et al., 2018**).

It is good to keep in mind that the following phases are always included in the counseling process when beginning to work with a nurse: Stages include establishing relationships, identifying issues, establishing goals

and conducting assessments, working, terminating, and following up. Rather than being linear or chronological, these phases are connected and interlocking. Nurses possibly need to go over some of them more than once. For example, difficulties with implementation, may lead to further work on decision-making or exploration (**Neukrug, & Old Dominion University, 2012**).

Significance of the study:

The complexity of nursing care has increased along with patient acuity, necessitating higher order thinking abilities. Because they work in a fast-paced, constantly evolving nursing practice setting, nurses are likely to encounter a variety of difficulties that could affect their performance (**Ibrahim, El demrdash, & Shokeir 2019**). Counseling as an intervention process for nurses' performance problem focuses on confronting and correcting nurses whose performance is below standard. (**Khosla & Sharma, 2015**).

Studies showing the significance of counseling and its importance (**Neima, 2018; Bajorek, Bevan, & Institute for Employment Studies 2020**). Nurses' performance is vital to quality patients' care and the effective head nurses' counseling behaviors are associated with optimal hospital performance. So, counseling program for head nurses has become very important for head nurse. Head nurses required to be equipped with counseling knowledge and skills.

From the perspective of the researcher, application of head nurses' counseling at health care organization not applied by its process and theories and if found it may be in the form of guidance or help. The lack of professional counselors, lack of awareness of counseling among nurses and lack of policies needed for counseling were the main challenges hindering the provision of counseling. Therefore, the aim of the current study is to determine the effect of educational program on head nurses' counseling knowledge and skills.

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Research hypotheses:

After implementation of the educational program, it is expected that:

- Head nurses' counseling knowledge, skills and perception will be improved.
- Nurses' perception about head nurses' counseling skills will be improved.

Subjects and Method

Study design:

The current study used a quasi-experimental research approach to accomplish its goal.

Setting:

The study was carried out at Tanta University Hospitals, which are connected to the Ministry of Higher Education and Scientific Research. The current study settings are medical

hospital which contained 128 beds in seven floors.

Pediatric hospital which contained 102 beds on six floors. The selected departments of the Main hospital are Cardiac department which contained 31 beds in two ground floor and its ICU unit, Obstetric department with 70 beds in the second floor of the hospital which contain pre, post, operation room and its ICU unit .Psychiatry and Neurology department with 73 beds in ground floor and another three floors in the second building and two ICU in the two building. Tropical department contains 50 beds in three floors.

Subjects:

The research participants consisted of:

- All (N=49) head nurses from the above mention setting
- A stratified random sample of nurse (n=302) was selected from total number (N=1400).

-The sample size and power analysis were determined using the statistical program Epi-info. The sample size was determined using the following criteria: d = error proportion (0.05) & Z = 95% confidence level (1.96).

Tools for data collection:

The data of the study was collected using the following tools:

Tool I: Head Nurses' Counseling Knowledge Structured Questionnaire:

This tool was developed by the researcher guided by Akoth, (2014); Kabir, (2018); Khan, (2020). It consisted of the following two sections:

Part I: Head nurses' personal data

It included age, gender, marital status, qualification, years of experience, department, and previous attending counseling educational program.

Part II: Head nurses' knowledge about counseling

This section served to assess the head nurses' counseling knowledge. It included seventy-three true-false, multiple-choice, and cross-matching questions.

Scoring system:

Every question has a score of one for correct answer and zero for wrong answer. The total score were summed and represented varying levels of head nurses' counseling knowledge according to statistically cutoff point into:

- High level of knowledge $\geq 80\%$
- Moderate level of knowledge 60 - 79%
- Low level of knowledge $< 60\%$

Tool II: Head Nurses' Counseling Skills Observational Checklist

This tool was developed by researcher guided by **Shreshtha, (2013); Neima, (2018); Ntshuntshe, Gqeba, & Gqeba, (2020); Petruzzi, (2023)**. It was used to observe head nurses for demonstrating counseling skills. It included 59 items divided into:

- There were twenty-one items under communication skills. There were eight interpersonal skills items. There were fourteen items in the motivation skills category. Analytical skills comprised sixteen items.

Scoring system:

Head nurses' responses were measured on two points ranging from one for done and zero for not done. The total score calculated by summing scores of all categories. The overall score indicated different counseling skill levels of the head nurses according to the following statistical cutoff point:

- Satisfactory level of counseling skills $\geq 80\%$
- Unsatisfactory level of counseling skills $< 80\%$

Tool III: Perception about Counseling Structured

Questionnaire: This tool was developed by the researcher based on **Shreshtha, (2013); Neima, (2018); Petruzzi, (2023)** to identify perception regarding counseling skills from nurses and head nurses point of view. It contained items cover the same dimensions mentioned in the Tool II.

Scoring system:

The responses of the head nurses and nurses were graded on a five-point Likert scale, with Never = 1, rarely = 2, Sometimes = 3, Often = 4, and Always = 5. The sum of the scores in each category to determine the final score. Based on the following statistical cutoff point, the total score reflects different degrees of the head nurses' and nurses' perceptions of counseling skills:

- High perception level about counseling skills $\geq 80\%$
- Moderate perception level about counseling skills 60-79%

-Low perception level about counseling skills < 60%

Method

-An official permission was granted from responsible authorities at Tanta university hospitals to obtain the approval and assistance in data collection.

-Ethical consideration:

-The Scientific Research Ethics Committee of the Faculty of Nursing granted its approval with code No.192-1-2023.

-After introducing herself, the researcher thoroughly explained the purpose and methodology of the study to the participant in order to gain their cooperation and approval as well as their informed permission.

-The researcher developed tools I, II, and III after reviewing relevant literature.

-The developed tools were presented to a jury of seven experts. They were five professor from Tanta University and two from El Monifyia University in nursing service administration department to check content validity.

-Each expert's response was given a four-point rating score (4-1), with 4 denoting "strongly relevant," 3 denoting "relevant," and 2 denoting "little relevant," 1=not relevant. Necessary modification were done including; clarification, omission of certain questions and adding others and simplifying terms connected to work. Tool I had a content validity rating of 99.2, Tool II had a value of 99.7, and

Tool III had a score of 99.6 for head nurses and 99.7 for nurses.

-To assess the reliability of the tools, the Cronbach Alpha Coefficient test was used; the results were 0.856 for the questionnaire on head nurses' counseling knowledge, 0.970 for the checklist of head nurses' counseling skills, 0.906 for the perception of head nurses' counseling, and 0.973 for nurses' perspective.

-A pilot study was conducted on a sample of 10% participants (5 head nurses and 30 nurses) to verify and guarantee the tools' clarity and to pinpoint any issues or challenges that arose during data collecting. This sample was taken from an emergency hospital and was not included in the overall sample.

-The first, second, and third tools were utilized before to, immediately, and three months following the program's implementation.

-The researcher's education program for head nurses was created after reviewing pertinent literature.

-Data was gathered over the course of nine months, starting from the start of June 2023 to the end of January 2024.

The educational program

Assessment, development, implementation, and evaluation were the four stages in which the educational program was carried out.

Phase I: Assessment phase:

-Head nurses and nurses who worked morning and afternoon shifts at the previous study settings were

encountered by the researcher. Following an explanation of the study's purpose, head nurses and nurses were invited to participate.

- Before the session started, a pre-test was given to the head nurses using Tool I to gauge their knowledge about counseling while the researcher was present to provide any clarification that was required.

-**Tool II** the observational checklist was used to assess head nurses' skills regarding counseling before, immediately post and three months post implementation of the educational program. The head nurses were observed three times in each phase of the program implementation.

- **Tool (III)** evaluated nurses' and head nurses' perceptions prior to, immediately following, and three months following the start of the educational program.

Phase II: Development of the educational program:

Developing the educational program began with the formulation of instructional objectives, which were based on the literature study and the sample's assessed needs.

Aim of the educational program was to increase the head nurses' knowledge and skills about counseling.

Objectives of the educational program

After implementation of the educational program the head nurses were able to:

- Identify counseling concepts and types of counseling.

- Explain models and approaches of counseling.

- Apply counseling process.

- Demonstrate communication and interpersonal counseling skills

- Demonstrate motivation and analytical counseling skills

- Conduct a counseling session.

Selection and organization of content: After deciding on the program's goals, the next stage was to specifically define the teaching methodology and material. Simple scientific language was used. The content designed after reviewing textbooks and other references to provide knowledge and practices related to counseling. The program contents include six sessions about:

- Counseling concepts and types of counseling.

- Models and approaches of counseling.

- Counseling process.

- Communication and interpersonal Counseling skills.

- Motivation and analytical counseling skills.

- Application of counseling session.

Teaching learning strategies:

Selection of teaching method was governed by studying the subjects themselves and content of the program. The program's teaching strategies include role-playing, group discussions, simulation, real-world scenarios, brainstorming, and group discussions.

Teaching aids

The teaching aids that used in the program were power point (PPT) with Data show and handout.

Phase III: Implementation of the educational program:

-The third step was implementation of the program for 49 head nurses. Head nurses were divided into five groups. Each group consisted of 10 head nurses. Each group received the presentation three days a week, for a total of six days. The length of each session was forty-five minutes. The theoretical sessions of the program were conducted in the head nurses' room and conference room.

Results

Table (1): displays distribution of head nurses and nurses according to personal data. The table showed that all (100%) head nurses were female and more than two thirds (67.3%) of them within the age 40-50 years with mean score 44.71 ± 5.82 . Majority (98%, 95.9%) of head nurses had bachelor degree in nursing and married, respectively. More than sixty percent (61.2%) of them had 20-<30 years of experience with mean 22.59 ± 5.53 . The highest percentages (30.6 %) of them were working at pediatric hospital followed by (24.5%) medical hospital. All (100%) of head nurses were not previously attending educational program about counseling. The table also revealed that more than one third (38.1 %) of nurses were between the age of 40-50 years, while 29.5% were less than 30 years old with

mean score 38.54 ± 10.93 . The majority (90.7%, 82.1%) of nurses were female and married, respectively. More than forty (43.4%) of nurses had bachelor's degree in nursing. Nearly one third (32.1%) of them had <10 years of experience with mean 17.49 ± 11.69 . Almost thirty (29.8%) of them were working at pediatric hospital. All of nurses were not previously attending educational program about counseling.

Figure (1): demonstrates that at preprogram none (0.0%) of head nurses had high level of counseling knowledge, this result change immediately post the program to become majority (95.9%) had high level of knowledge and slightly decreased to 91.8% post three month of program.

Figure (2): shows that at preprogram, majority (91.8%) of head nurses had unsatisfactory level which decreased to be 4.1% immediately post program and 14.3% three months post program.

Figure (3): shows that at preprogram, majority (91.8%) of head nurses had low level of perception about counseling skills which changed immediately post and three months post the program to be none (0.0%) of them had low level of perception about counseling skills.

Figure (4): illustrate that at preprogram, majority (95.4%) of nurses had low level of perception which changed to be none (0.0%) of them had low level of perception

immediately and post three months of the program implementation.

Table (2): shows correlation between Knowledge, skills and perception of head nurses. It illustrates that there was a statistically significant positive correlation at ($P = 0.001$) between head nurses' counseling knowledge, skills and perception immediately post and three months post program.

Table (3): shows correlation between head nurses' counseling skills, their perception and nurses' perception. It revealed that there was a statistically significant positive correlation at ($P = 0.001$) between head nurses' skills, perception and nurses' perception immediately post the program and three months post program.

Table (1): Distribution of the head nurses and nurses according to personal data

Personal data	Head nurses (n = 49)		Nurses (n = 302)		Test of Sig.	p
	No.	%	No.	%		
Age						
<30	-	-	89	29.5	$\chi^2=$ 23.292*	<0.001*
30-<40	8	16.3	56	18.5		
40-50	33	67.3	115	38.1		
>50	8	16.3	42	13.9		
Min – Max.	33.0 – 56.0		21.0 – 60.0		t=	<0.001*
Mean ± SD.	44.71 ± 5.82		38.54 ± 10.93		5.926*	
Gender						
Male	-	-	28	9.3	$\chi^2=$ 4.937*	^{FE} p= 0.021*
Female	49	100.0	274	90.7		
Marital status						
Married	47	95.9	248	82.1	$\chi^2=$ 5.987*	0.014*
Unmarried	2	4.1	54	17.9		
Qualification						
Bachelor of science in nursing	48	98.0	131	43.4	$\chi^2=$ 57.305	^{MC} p <0.001*
Secondary Nursing Diploma	1	2.0	101	33.4		
Technical nursing institute	-	-	65	21.5		
Post graduates studies	-	-	5	1.7		
Year of experience						
<10	-	-	97	32.1	$\chi^2=$ 30.156*	<0.001*
10-<20	13	26.5	52	17.2		
20-<30	30	61.2	93	30.8		
≥30	6	12.2	60	19.9		
Min – Max.	10.0 – 34.0		1.0 – 40.0		t=	<0.001*
Mean ± SD.	22.59 ± 5.53		17.49 ± 11.69		4.914*	
Department						
Medical hospital	12	24.5	58	19.2	$\chi^2=$ 2.066	0.840
Pediatric hospital	15	30.6	90	29.8		
Cardiac department	7	14.3	35	11.6		
Obstetric department	5	10.2	50	16.6		
Neurology department	7	14.3	47	15.6		
Tropical department	3	6.1	22	7.2		
Previously attending counseling educational program.						
No	49	100.0	302	100.0		

SD: Standard deviation

t: Student t-test

 χ^2 : Chi square test

MC: Monte Carlo

FE: Fisher Exact

p: p value for comparing between **Head nurses** and **Nurses***: Statistically significant at $p \leq 0.05$

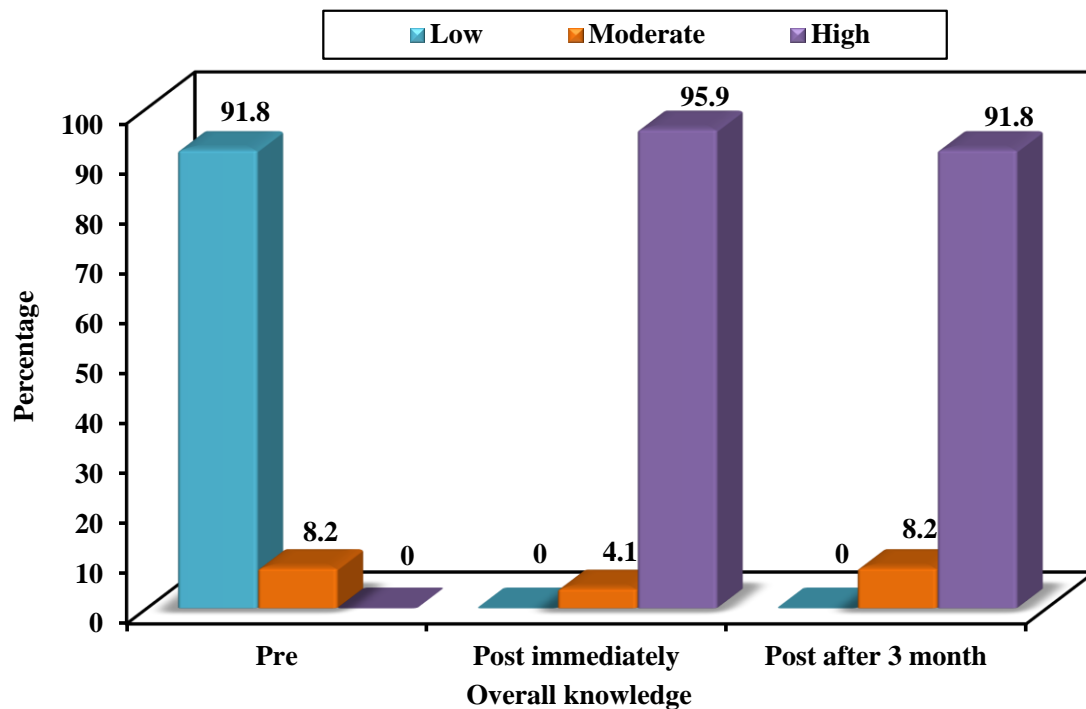


Figure (1): Levels of the head nurses' overall counseling knowledge throughout program phases (n = 49)

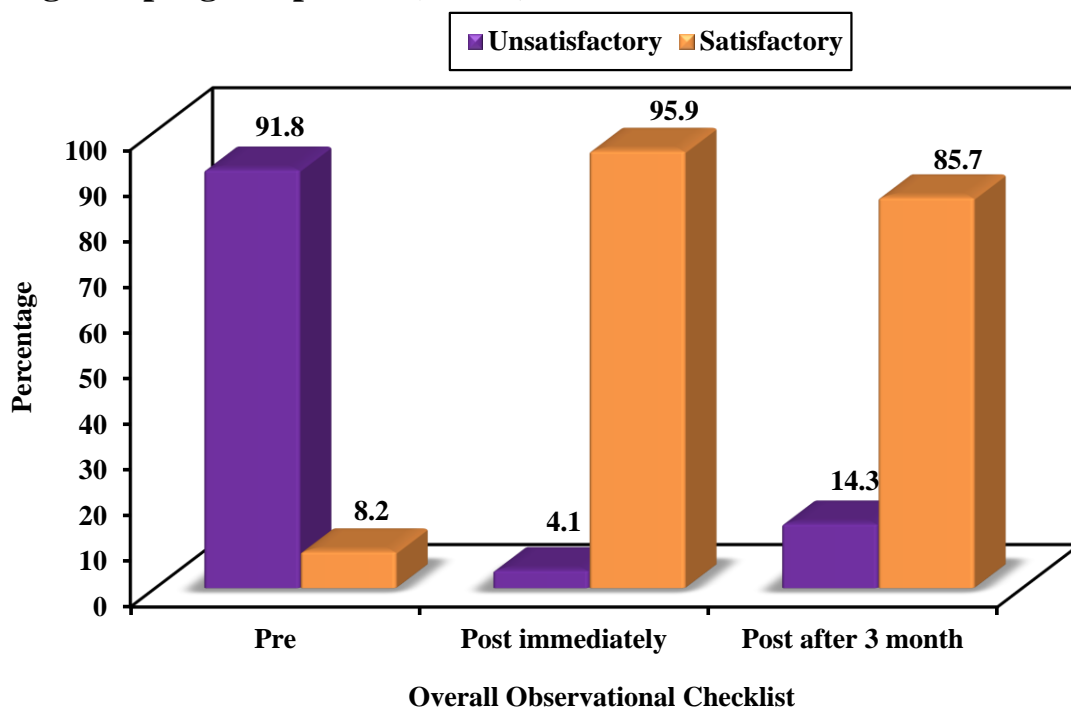


Figure (2): Levels of head nurses' overall counseling skills throughout program three phases (n = 49)

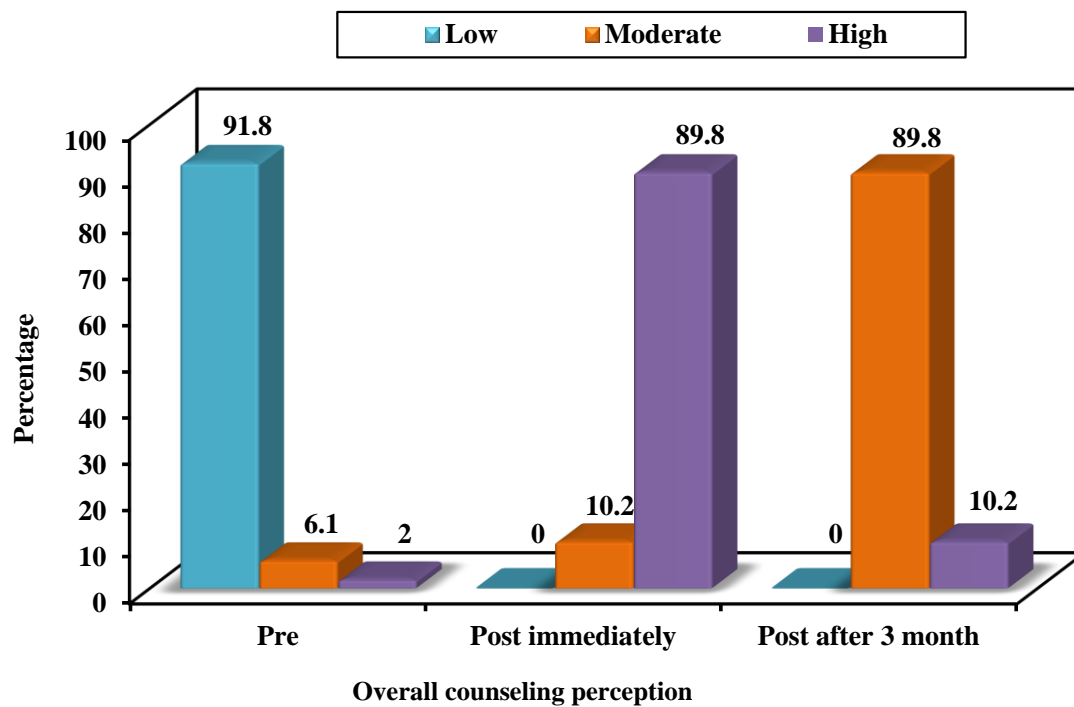


Figure (3): Levels of the head nurses' overall perception about counseling skills (n = 49)

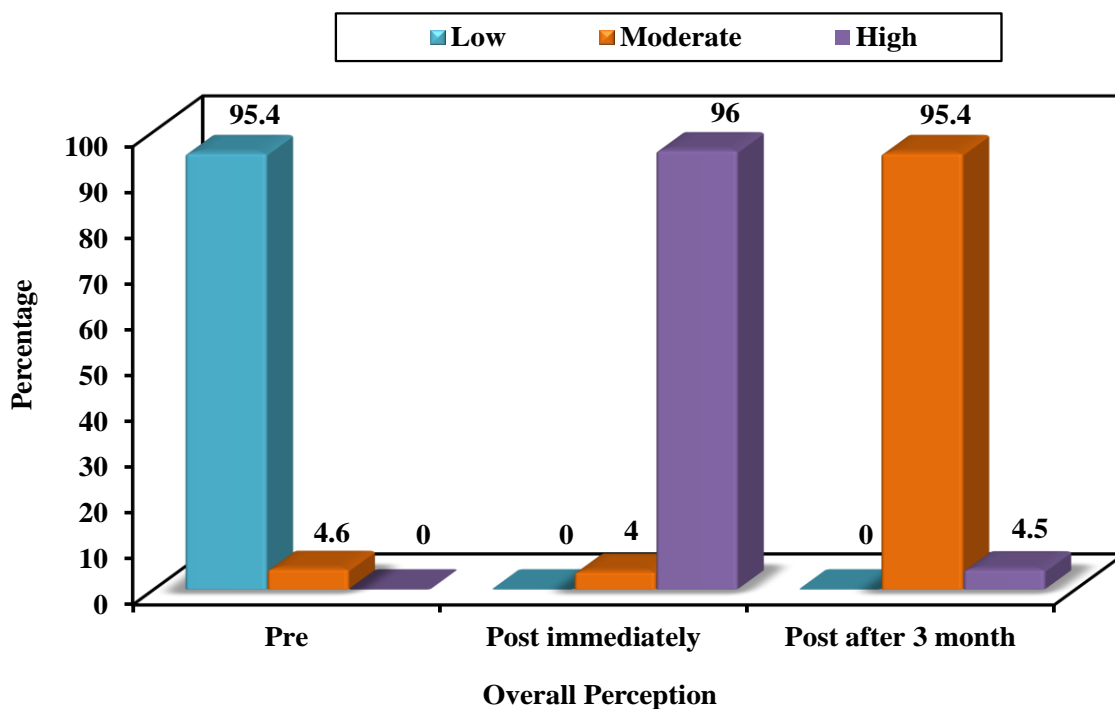


Figure (4): Levels of the nurses' overall perception level about counseling skills throughout program phases (n = 302)

Table (2): Correlation between Knowledge, skills and Perception in head nurses (n = 49)

	Pre		Post immediately		Post after 3 month	
	R	P	r	p	r	P
Head nurses' Knowledge vs. their skills	0.207	0.154	0.503*	<0.001*	0.610*	<0.001*
Head nurses' Knowledge vs. head nurses' perception	0.406*	0.004*	0.416*	0.003*	0.371*	0.009*
Head nurses' skills vs. Perception	0.184	0.206	0.388*	0.006*	0.335*	0.019*

r: Pearson coefficient*: Statistically significant at $p \leq 0.05$ **Table (3): Correlation between head nurses' perception, skills and nurses' perception (n = 49)**

	Pre		Post immediately		Post after 3 month	
	r	P	r	p	r	p
Head nurses' perception vs. nurses' perception	0.175	0.229	0.516*	<0.001*	0.631*	<0.001*
Head nurses' skills vs. nurses' Perception	0.164	0.260	0.894*	<0.001*	0.952*	<0.001*

r: Pearson coefficient*: Statistically significant at $p \leq 0.05$ **Discussion**

The results of present study revealed that pre-educational program; none of head nurses had a high level of knowledge regarding counseling. This result may be due to lack of understanding and awareness about counseling and the counseling at the workplace is a new concept in nursing between head nurses and nurses. Also, this result due to all of the head nurses didn't attend any educational programs about counseling and they didn't

perform any counseling session before.

The present study results supported by **Cheng, (2012)** revealed that the interviewees showed very little knowledge about counseling. Also, **Akoth, (2014)**, who mentioned that the theoretical knowledge of counseling is important because it shows how counselors conceptualize employee problems based on past behavior, present and future. Additionally, **Poddar and Chhajer, (2024)** revealed that there was a lack

of understanding and awareness about counseling among employees. While the finding was not identical to the finding of **Samad and Malik, (2023)**, who found that knowledge of counseling services is generally classed as moderate.

Adding to that, the current study results revealed that majority of head nurses had high knowledge level at immediate and post three months of the program. This indicated that the current educational program was effective in both informing and maintaining knowledge among head nurses.

In harmony with the present results **Tuvulla and Byaruhanga (2017)**, who stated that managers have a responsibility to provide cost-effective workplace programs that are appropriate for all workers, create policies that improve performance, and take adequate counseling training so they can recognize when workers need assistance. Also, the present result supported by **Bakery, El Molla, and Etway, (2022)** whose study showed that more than seventy nurse managers had the highest knowledge mean scores about motivation immediately post program and three months post program compared to preprogram.

The present study findings revealed that at pre educational program, majority of head nurses had unsatisfactory level of head nurses' overall counseling skills. This result is

due to a lack of theoretical knowledge about counseling and its skills. Additionally there is a time constraints to implement it successfully. Also, the head nurses may not encourage searching about new leadership role.

In the same line with the present study findings, **Navare, (2008)** ,founded that there was a few good counselor practicing in India. Also, **Hazele, (2016)** ,whose results indicated that there is no policy or program about counseling in the workplaces except for this targets HIV/AIDS. In addition, **Salgong, Ngumi, and Chege, (2016)** ,founded that there is lack of legal and policy framework and lack of trained counselors. Similarly, **Yaumas, et al., (2018)** stated that the counselor's fundamental counseling competency is placed on Average/ simple level. Moreover, **Lutkam, (2020)**,revealed that counseling was only offered in the workplace after issues arose. This is because of lack experienced counselors, limited funding, and top management does not prioritize providing counseling services to workers. And, **Abdulai, (2023)** ,who found that counseling was rarely provided for employees at Ghana Cocoa Board.

Adding to that, the current study results showed that low percent of head nurses had unsatisfactory level of counseling at immediate and post three months of the program with a

statistically significant improvement of their practice. This result indicated that the training program was effective in enhancing the head nurses' skills and knowledge, leading to sustained improvements in their practice. In contrast with this study, **Hariyati, and Ungsianik, (2018)** demonstrated that the head nurses' skills to act as counselors had not much improved.

The current study results showed that preprogram majority of head nurses had low perception level about overall counseling skills. This may be due to a lack of adequate training on the importance and application of counseling in their daily practice. Also, limited awareness about counseling and their impact on the nurses' performance. Head nurses interested in providing patient care rather solving the nurses' problems. Furthermore, insufficient communication and motivation between head nurses and nurses. Lastly, the availability of structured counseling programs and sessions was limited and ignored and the negative attitude as it's a time consuming for head nurses.

These findings were matched with **Matolo, and Mukulu (2016)** ,who found that ninety percent of the management had a positive attitude towards counseling and the management felt that more than seventy percent of the employees had a negative attitude towards counseling.

Also, **Migwe, Gachunga, and Iravo, (2017)** showed that more than sixty percent of the respondents had negative attitudes towards the frequency of the counseling programs. Moreover, **Musyimi, (2020)** reported that availability of employee counseling program in the national police service is very low and attitude toward counseling is negative. Furthermore, **Goel, and Rani, (2022)** mentioned that more than forty employees have availed psychological counseling, whereas there are forty percent of employees who have not availed a proper counseling but have attended sessions organized by their managers to motivate them. This result didn't agree with **Akoth, (2014)** ,who concludes that there was a positive attitude towards workplace counseling among staff at the University of Nairobi.

Post program, the current study finding showed that none of the head nurses had unsatisfactory perception level about overall counseling immediately and post three months of educational program with a statistically significant improvement of head nurses' perception about counseling. These results may be due to the educational program providing head nurses with a clear understanding of the concepts, theory, skills and practical application of counseling. The program may have addressed common misconceptions and barriers

as counseling may be time consuming and, thereby fostering a more positive attitude. In the same line **Stevens, Williams, and Dowd (2020)**, who found that most participants in the program believe counseling is helpful and can serve as a form of self-care.

The current study results showed that preprogram, majority of nurses had low perception level about overall counseling skills. This result is due to a lack of head nurses' knowledge and skills about counseling which had an effect on the nurses. In the same line, **Rouse, and Al-Maqbali, (2014)**, who found that the participants reported frustration with nurse managers who use ineffective communication skills? Also, **Ibrahim, El demrdash, and Shokeir (2019)** they disclosed that many nurses believe their head nurses are not very good at consulting. Moreover, **Morsi, and Ebraheem, (2020)** found that two-thirds of nurses had a moderate level of perception of organizational support.

In contrast with this study, **Subrahmanian, and Anjani, (2010)** showed that the positive attitudes of the worker showed that they valued the counseling programs. Also, **Torun, and Marmara University, (2013)** indicated that most of the participants perceived workplace counseling in a positive way.

Post program, the current study revealed that none of the nurses had unsatisfactory perception level about

counseling immediately and post three months of educational program with a statistically significant improvement of nurses' perception about counseling. These results due to the positive effect of the educational program which provide the head nurses with the needed information, knowledge and skills to increase their perception firstly and effect on the nurses' perception

In this regard, **Joseph (2013)**, who found that the staff nurses were satisfied about job satisfaction after counseling training program. Also, **Hoying, Terry, Kelly, and Melnyk (2023)**, found that hospital wellness programs give employees the chance to participate in health-promoting activities and acquire critical protective skills, frequently at work.

The present study revealed that there is a statistically significant positive correlation between head nurses' knowledge, counseling skills and their perception immediately posts the program and post three months. This result means that after the implementation of the program, the head nurses' knowledge and information about counseling enhanced and their awareness and understanding improved. Additionally, the program may have fostered a sense of motivation among the staff.

In this regard, **Arranz, Ulla, Ramos, del Rincon, and Lopez-Fando (2005)**, whose findings suggested that

counseling training must take into account raising the standard of care for healthcare professionals and could also help to avoid burnout by raising competence at the lowest possible personal expense. Alongside **Matolo, and Mukulu, (2016)** who recommended that future study can also be done to investigate the role of training counseling skills to Human Resource Managers in order to detect when the nurses who have work performance problems need counseling and not disciplinary measures. Adding to this result, **Migwe, Gachunga, and Iravo, (2017)** established that employee counseling components have a positive relation with the components of performance. Also, **Blount, Bjornsen, and Moore, (2018)** reported that attending counseling courses may enhance the counselors' work engagement. Additionally, **Onsare, and Ng'eno, (2022)** established that counseling programs for the employees had the highest effect. The study found that employees who utilized the employee counseling programs positively affected their performance through reduced stress and improved working morale. And, **Xie, et al., (2023)** who came to the conclusion that group therapy has some long-term effects and can greatly enhance male nursing students' career planning and vocational maturity status. In contrast with this study **Igbomor and**

Olisemenogor (2023) whose study analysis did not establish a statistically significant relation between counseling programs, wellness assistance programs, financial management educational programs and organizational commitment behavior among the staff.

Conclusion

Based on the findings of the present study, it can be concluded that: Educational program provided to the head nurses and improved their level of knowledge and practice regarding counseling which reflect positive effect on head nurses' and nurses' perception.

Recommendations

The present study's findings lead to the following recommendations:

Hospital administrators:

- Prime importance to develop the policies and guidelines for implementing counseling.
- Provide suitable places for ensuring quite atmosphere that help in counseling sessions.

Head nurses:

- Attend in-service and refreshing training to increase their knowledge and skills about counseling.
- Be open to nurses for easy communication so that counseling flourishes.

Nurses:

- Maintain open communication with the head nurses to discuss their problems.

-Increase the nurses' awareness about counseling and its effect on their life.

Educational level:

-Design a new curriculum that includes counseling as a basic requirement for the head nurses.

Further researches are needed:

-Replication of this research within a wider geographic area will increase the confidence in these current research findings.

-To investigate the connection between counseling and other workplace variables such as productivity, performance, psychological health, absenteeism, and turnover rate.

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